

**Abstract 348**

**TITLE:** Results of Mailed Physician Survey on Practices and Utilization of HIV1 Viral RNA Testing

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**BACKGROUND/OBJECTIVES:** A survey was conducted of physicians regarding their practices, utilization and understanding of HIV1 RNA (Viral Load) Testing. We compared practices and utilization by specialty, years in practice, practice type and geographic locale.

**METHODS:** A 34 item mailed survey was sent to physicians nationwide. Based on experience from a previous physician survey, specialists in Infectious Diseases, Internal Medicine, and Family Practice were chosen as survey recipients. Selection was determined by HIV incidence data, with physicians in high, medium and low incidence areas. The survey was initially mailed in the fall of 1998. Follow-up surveys to nonrespondents were sent in the winter of 1998 and spring of 1999.

**RESULTS:** Most responding physicians who indicated that they did utilize viral load testing were infectious diseases practitioners in urban areas. The most frequently cited reason for use of viral load testing was for "following/monitoring" followed by "initiate/guide therapy" when compared with "diagnosis," "prognosis" or "screening for HIV infection." Test results turnaround time (TAT) to physicians was between one to two weeks after test request. Some physicians believed TAT was inadequate for effective patient management, but few chose their laboratory based upon TAT. Most responded that they were either fully confident or somewhat confident in viral load test results. Many of the physicians utilizing this test understood the detection capability/accuracy limitations of the procedure and knew of the biological variability that could affect the test. Fewer were aware of the intrakit or inter-kit manufacturer variability issues. The most frequent resources consulted for test interpretation were other physicians knowledgeable about HIV infection, MMWR articles and journals. Concerns expressed by the physicians included errors made by laboratories, for example, specimens improperly processed, interpretation errors, sensitivity of the assay, reproducibility, and delayed TAT.

**CONCLUSIONS:** Most physicians who order viral load testing are aware of some limitations of the test and primarily use it for monitoring of patients. Delayed TAT remains a primary issue for physicians.

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